

No. 2
1-1/47
5-17-39

National Office of Vital Statistics
FILED APR 3 1948 818
Registration District No. _____

Primary Registration District No. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—179

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Mo.**
(c) Name of hospital or institution..... **St. Louis City Hospital-Max C. Starkloff**
(d) Length of stay: In hospital or institution..... **1 week**
In this community..... **30 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis**
(d) Street No. or name..... **2021 1/2 Compton Avenue**
(e) Citizen of foreign country?..... **no**

3. (a) PRINT FULL NAME..... **JOHN BURTON**
3. (b) If veteran, name war..... **Nil** 3. (c) Social Security No. **None**

20. DATE OF DEATH: Month..... **March** day..... **21st**
year..... **1948** hour..... **5** minute..... **00** A. M.
21. I hereby certify that I attended the deceased from **3/21/48**
that I last saw him alive on **March 21st, 1948**
and that death occurred on the date and hour stated above.

4. Sex..... **M** 5. Color or race..... **W** 6. (a) Single, widowed, married, divorced..... **M**
6. (b) Name of husband or wife..... **Clara** 6. (c) Age of husband or wife if alive..... **77** years
7. Birth date of deceased..... **November 27, 1858**

Immediate cause of death.....
Arteriosclerosis, generalized, advanced
Due to.....
Due to.....

8. AGE: Years..... **89** Months..... **3** Days..... **24** If less than one day.....br.....min.....

Other conditions..... **Benign Hypertrophy of prostate gland**
Major findings: Of operations.....
Of autopsy.....

9. Birthplace..... **Rosland, New York**
10. Usual occupation..... **Clerk (retired) Railroad**
11. Industry or business..... **Thomas Burton**
12. Name..... **England**
13. Birthplace..... **England**
14. Maiden name..... **Elizabeth Anderson**
15. Birthplace..... **England**

PHYSICIAN.....
Underline the cause of which death should be charged statistically.....
97

16. (a) Informant..... **Clara Burton**
(b) Address..... **2021 1/2 Compton Avenue**
17. (a) **burial** (b) Date thereof..... **3-23-48**
(c) Place: burial or cremation..... **City Cem. Desoto, Mo.**
18. (a) Signature of funeral director..... **A. W. McLaughlin**
(b) Address..... **2301 Lafayette Avenue**
19. (a) **3-22-48** (b) **J. F. Bruce**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
23. Signature..... **Cyril Costello** (M. D. or other).....
Address..... Date signed..... **3/22/48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____. Registered Apprentice No. _____
working under my personal supervision.

Signed L. R. Cooper
Licensed Embalmer No. 31633
P. O. Address 231 Lafayette Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.